



# MEDIZEN

Chasara, Narayaganj.

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## APPOINTMENT SLIP

### APPOINTMENT DETAILS

Appointment ID: **APT-91**  
Patient Name: **Moynul Islam**  
Appointment Date: **2025-06-25**  
Appointment Time: **17:00:00**  
Serial Number: **1**  
Consultancy Fee: **1,000.00 BDT**

### DOCTOR INFORMATION

Doctor Name: **Dr. Mosharof Khan**  
Specialization: **Encologist**  
Address: **Narayanganj**  
Contact: **01949854504**

### IMPORTANT NOTES

1. Please arrive at least 15 minutes before your scheduled appointment time.
2. Bring this slip and any relevant medical reports with you.
3. Late arrivals may result in rescheduling.